

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

<b>1. NAME OF COMMITTEE IN FULL</b> Friends of Susan Brooks																												
<b>ADDRESS</b> (number and street) 9333 N Meridian Street Suite 230																												
<b>CITY, STATE, and ZIP CODE</b> Indianapolis IN 46260-1882																												
<b>2. NAME OF CANDIDATE</b> Susan Brooks	<b>3. OFFICE SOUGHT</b> (State and District) House IN 05		<b>4. FEC IDENTIFICATION NUMBER</b> C00500207																									
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																												
<table border="1"> <tr> <td rowspan="2"> <b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>             Carolyn A Molander             8450 N Park Avenue             Indianapolis IN 46240-2242         </td> <td> <b>Name of Employer</b> N/A         </td> <td rowspan="2"> <b>Date (month, day, year)</b>             10/22/2012         </td> <td rowspan="2"> <b>Amount</b>             1000         </td> </tr> <tr> <td> <b>Transaction ID : 3475000</b>  <b>Occupation</b> Homemaker         </td> </tr> <tr> <td rowspan="2"> <b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>   </td> <td> <b>Name of Employer</b>   </td> <td rowspan="2"> <b>Date (month, day, year)</b>   </td> <td rowspan="2"> <b>Amount</b>   </td> </tr> <tr> <td> <b>Occupation</b>   </td> </tr> <tr> <td rowspan="2"> <b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>   </td> <td> <b>Name of Employer</b>   </td> <td rowspan="2"> <b>Date (month, day, year)</b>   </td> <td rowspan="2"> <b>Amount</b>   </td> </tr> <tr> <td> <b>Occupation</b>   </td> </tr> <tr> <td rowspan="2"> <b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>   </td> <td> <b>Name of Employer</b>   </td> <td rowspan="2"> <b>Date (month, day, year)</b>   </td> <td rowspan="2"> <b>Amount</b>   </td> </tr> <tr> <td> <b>Occupation</b>   </td> </tr> <tr> <td rowspan="2"> <b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>   </td> <td> <b>Name of Employer</b>   </td> <td rowspan="2"> <b>Date (month, day, year)</b>   </td> <td rowspan="2"> <b>Amount</b>   </td> </tr> <tr> <td> <b>Occupation</b>   </td> </tr> </table>				<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>  Carolyn A Molander  8450 N Park Avenue  Indianapolis IN 46240-2242	<b>Name of Employer</b> N/A	<b>Date (month, day, year)</b>  10/22/2012	<b>Amount</b>  1000	<b>Transaction ID : 3475000</b> <b>Occupation</b> Homemaker	<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>  	<b>Name of Employer</b>  	<b>Date (month, day, year)</b>  	<b>Amount</b>  	<b>Occupation</b>  	<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>  	<b>Name of Employer</b>  	<b>Date (month, day, year)</b>  	<b>Amount</b>  	<b>Occupation</b>  	<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>  	<b>Name of Employer</b>  	<b>Date (month, day, year)</b>  	<b>Amount</b>  	<b>Occupation</b>  	<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>  	<b>Name of Employer</b>  	<b>Date (month, day, year)</b>  	<b>Amount</b>  	<b>Occupation</b>  
<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>  Carolyn A Molander  8450 N Park Avenue  Indianapolis IN 46240-2242	<b>Name of Employer</b> N/A	<b>Date (month, day, year)</b>  10/22/2012	<b>Amount</b>  1000																									
	<b>Transaction ID : 3475000</b> <b>Occupation</b> Homemaker																											
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>  	<b>Name of Employer</b>  	<b>Date (month, day, year)</b>  	<b>Amount</b>  																									
	<b>Occupation</b>  																											
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>  	<b>Name of Employer</b>  	<b>Date (month, day, year)</b>  	<b>Amount</b>  																									
	<b>Occupation</b>  																											
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>  	<b>Name of Employer</b>  	<b>Date (month, day, year)</b>  	<b>Amount</b>  																									
	<b>Occupation</b>  																											
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>  	<b>Name of Employer</b>  	<b>Date (month, day, year)</b>  	<b>Amount</b>  																									
	<b>Occupation</b>  																											
<b>SIGNATURE (optional)</b> Karen Glaser  <div style="text-align: right;">[Electronically Filed]</div>		<b>DATE</b> 10/24/2012	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																									

--	--	--

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

## FEC FORM 6

(Revised 07/2011)